

## **(Dis)Agreement in Parent-Child Perceptions of Injustice and Their Relationship to Pain Outcomes**

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Perceiving one's pain as unjust and thinking about pain in a catastrophic manner are linked to worse outcomes in children with chronic pain. Dyads where the child catastrophized more than the parent experienced particularly poor outcomes in previous research. We investigated the concordance between parent and child injustice perceptions and its relationship to pain outcomes. 139 patients (age=15.4±2.1; 71.9% female) attending the pain clinic at Riley Children's Hospital completed measures of perceived injustice, pain, and QOL. Parents completed a measure of perceived injustice about their child's pain. Parent-child dyads were categorized into one of four groups based on concordance of injustice perceptions: (1) concordant high, (2) concordant low, (3) discordant high parent (P) – low child (C), and (4) discordant low P – high C. Parent injustice perceptions were significantly higher than child perceptions ( $t(138)=5.80$ ,  $p<.001$ ,  $d=.50$ ). ANOVAs identified significant group differences for pain intensity ( $F(3,138)=2.80$ ,  $p<.05$ ,  $\eta^2=.06$ ) and QOL ( $F(3,138)=15.11$ ,  $p<.01$ ,  $\eta^2=.25$ ). For pain intensity, discordant low P – high C dyads reported the highest pain, and significantly higher pain than discordant high P – low C dyads (mean difference [MD]=1.94,  $p<.05$ ). Concordant high dyads reported the second highest pain. A similar pattern emerged for QOL. Discordant low P – high C dyads reported the worst QOL, and significantly worse QOL than concordant high dyads (MD=-10.22,  $p<.01$ ), concordant low dyads (MD=-23.70,  $p<.01$ ), and discordant high P – low C dyads (MD=-28.97,  $p<.01$ ). Concordant high dyads reported the second worse QOL. Overall, dyads where the child endorsed high injustice perceptions, regardless of parental perceptions, experienced worse pain and QOL, with the worst outcomes observed for discordant dyads (low P – high C). Children in low P – high C dyads may feel invalidated and, thus, use maladaptive strategies in an attempt to communicate the severity of their pain. Research is needed to identify the mechanisms underlying these relationships.